

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

21/05

SERIAL NO.	10/523012	FILING DATE
APPLICANT(S)		

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4					1	
5				1		
6				1		
7				1		
8				1		
9				1		
10			1	1		
11				1		
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49						
50						
TOTAL IND.			2			
TOTAL DEP.			17			
TOTAL 19			19			

IND.	DEP.	IND.	DEP.	IND.	DEP.
61					
62					
63					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					